



Meeting Summary

Veterans Rural Health Advisory Committee Meeting
 Department of Veterans Affairs
 April 21-22, 2015, Chillicothe, Ohio

Session Objectives:	<ul style="list-style-type: none"> • Communicate the current landscape of health care for rural Veterans • Describe specific U.S. Department of Veterans Affairs (VA) modes of care delivery in Ohio • Develop the Veterans Rural Health Advisory Committee (VRHAC) membership succession plan approach • Determine the priorities for the VHRAC fall 2015 meeting
Date & Time:	Day 1 - Tuesday, April 21, 2015, from 8:45 am to 5:00 pm
Location:	17273 State Route 104; Building 1, Room 156 Host: Chillicothe VA Medical Center (VAMC) Chillicothe, OH 45601
Attendees:	<p>VRHAC Members: Verdie Bowen, Caleb Cage, Janice Casillas, Gary Cooper, Kevin Kelley, Syreeta Long, John Mengenhausen, Margaret Puccinelli, William “Buck” Richardson, Donald Samuels, Terry Schow, Debra American Horse-Wilson, Richard Davis, Susan Karol, Paul Moore (on behalf of Tom Morris), Seferino Silva</p> <p>Designated Federal Officer: Gina Capra (ORH)</p> <p>Other Attendees: Thomas Klobucar (ORH), Elmer Clark (ORH), Wakina Scott (HHS), Wendy Hepker (Chillicothe VAMC), Stacia Ruby (Chillicothe VAMC), Adam Jackson (Chillicothe VAMC), Diane Garber-Caldwell (Chillicothe VAMC), David Chmielewski (VISN 10), Rebecca Schiller (VA Advisory Committee Management Office)</p>
Note Takers:	Emily Oehler, Ben Swanson

1	Part 1: Welcome and Meeting Kick-Off 8:45 – 9:00 am
	<p>Terry Schow, Chairman, VRHAC</p> <ul style="list-style-type: none"> • Mr. Schow opened the first day of the meeting with a brief overview of the VRHAC mission and touched on the importance of the upcoming discussions.



Part 2: Meeting Logistics: Objectives, Packet, Rules of Engagement

9:00 – 9:15 am

Emily Oehler, Meeting Facilitator

- Ms. Oehler introduced herself as the VRHAC meeting facilitator, and reviewed logistical items and VRHAC meeting objectives:
 - Communicate the current landscape of health care for rural Veterans.
 - Describe specific VA modes of care delivery in Ohio.
 - Develop the VRHAC membership succession plan approach.
 - Determine the priorities for the VHRAC fall 2015 meeting.
- After reviewing the objectives of the meeting, Ms. Oehler explained that certain meeting events would be filmed for a future ORH communications product that will highlight rural health advocates.
- Ms. Oehler next summarized the Briefing Book that was distributed to all attendees prior to the meeting. The contents of this book were created as reference material for the meeting and are outlined below:
 - **Meeting Overview** - Logistical information, objectives and agenda.
 - **VA Background** - Articles pertaining to current VA issues and activities.
 - **Veterans Choice Act Overview** - Fact sheet, progress report and leadership commentary.
 - **VRHAC Overview** – Fiscal year 2014 recommendations and fiscal year 2014 meeting summary.
 - **ORH Overview** - Current ORH investments and future areas of focus.
 - **Ohio VA Overview** - Ohio VA fast facts and demographics.
 - **VRHAC Membership Roster**
 - **Presentation Material**

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Emergency Manager, Chillicothe VA Medical Center

- Prior to the group introduction period, the Chillicothe VA Medical Center Emergency Manager gave an in-depth presentation on facility emergency safety procedures and provided the group with contact information for facility police and fire rescue personnel (740-772-7004).

VRHAC Membership Introductions

- Seferino S. Silva, Jr., Ex-officio, *Colonel, USAF, Reserve Medical Forces Advisor to Air Force Surgeon General AF/SG3R*
- Kevin Kelley (participating via audio line), *CEO of Community Health Services of Lamoille Valley*
- Caleb Cage, *Director of Military and Veterans Policy, Office of Governor Brian Sandoval*
- Janice Casillas, *Veterans Employment Representative, Texas Veterans Commission*
- Syreeta Long, *Troop and Family Assistance Center Specialist, Biomedical Personnel Services, Inc*
- Gary Cooper, *Quality Assurance Specialist, Defense Logistics Agency*



- Don Samuels, *Chairman of the Board of Directors, Disabled American Veterans*
- Terry Schow, *VRHAC Chairman, American Legion National Committeeman, and former Director of Utah Veterans Affairs*
- Debra American-Horse-Wilson, *Administrative Officer, Cherokee Nation Gaming Commission*
- Buck Richardson, *Minority Veterans Program Coordinator (VISN 19)*
- Margaret Puccinelli (participating via audio line), *Commander, USN (ret.) and former Nursing Program Director at Great Basin College*
- Richard Davis, Ex-officio, *Deputy Administrator for Community Programs in Rural Development, U.S. Department of Agriculture*
- Susan Karol, Ex-officio, *Chief Medical Officer, Indian Health Service*
- Verdie Bowen, *Director of Veterans Affairs for the State of Alaska*
- John Mengenhause, *CEO, Horizon Health Care Inc*
- Paul Moore (on behalf of Tom Morris, Ex-officio), *Senior Health Policy Advisor, Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services*

Part 3: ORH Director's Update and Discussion

9:15 – 10:00 am

Presentation #1 - Office of Rural Health: Director's Update for VRHAC

- Ms. Capra provided the group with an update on ORH accomplishments and ongoing efforts.
- **The Rural Veteran**
 - New statistic: 42% of rural Veterans earn an annual income of less than \$26,000.
- **Rural Veteran Care (National Impact in fiscal year 2014)**
 - 80% of rural enrolled Veterans have other health insurance.
 - 41% of rural Veterans have at least one service connected disability.
 - § How can we plan to care for these individuals in a rural environment long term?
 - \$1 billion increase in VHA spending on health care for rural Veterans from 2012-2014.
- **ORH Recent Successes**
 - ORH directly funded 1,850 health care positions in 2015.
 - Veterans Choice Program outreach efforts (e.g., national webinar opportunities, national and state conferences).
 - Improved communications program.
- **ORH on the Horizon**
 - Reached more than 1,000 Veterans through radiation oncology request for proposals effort.
- **VA's Rural Health Strategic Goals for 2015-2019**
 - Promote health and well-being in the rural Veteran population.
 - Generate and diffuse knowledge regarding rural Veteran health.
 - Strengthen community health care infrastructure where rural Veterans reside.

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- Inform health care policy that impacts Veterans and rural health delivery.
- **How will we measure success?**
 - ORH has defined specific metrics in order to assess progress in accomplishing strategic goals.
- **Office of Rural Health involvement in the Veterans Choice Act**
 - Heavily involved in six provisions:
 - § Veterans Choice Program.
 - § Indian Health Service collaboration.
 - § Native Hawaiian Health Care System.
 - § Pilot project “Project ARCH” extension.
 - § Mobile Medical Units.
 - § Engaged with Academic Affiliation office regarding rural expansion of academic training opportunities.

Membership Discussion: Veterans Choice Program

- What are the issues impeding Veterans from using the choice program?
 - Veterans do not fully understand how to access the choice program. Everyone has a card, but the process involved with utilizing the services are not clear.
 - Lack of effective outreach has resulted in Veterans thinking they have a new insurance card.
 - Education of community providers is a huge issue – results in poor experiences for Veterans attempting to use the system.
- What’s impeding community providers from being involved?
 - Payment rates are similar to Medicare/Medicaid payment rates and are not high enough to be appealing to providers.
 - Lack of cooperation has resulted in the Veterans Choice Program having half of the people in its system that Congress has planned on.

Gina Capra, Director, Office of Rural Health

- There is currently a thought shift occurring across VHA from acting solely as direct providers of care to also acting in a payer role and facilitating care.
 - The percent of health care attributed to community providers is already pretty high, but now the entire VA organization is attempting to make the shift towards empowering community providers.
 - It is important for this Committee to elevate issues surrounding rural Veterans and care delivery.
 - The Veterans Choice Program is a vehicle by which Veterans could receive better and more convenient health care and is one of many pathways that VA has for improving care delivery in the community.

Highlights/Key Takeaways/Themes:

- **VA is experiencing a period of change in which the focus is shifting from being the primary provider of care to being a facilitator of care for Veterans (ensuring timely and effective care).**



- The Veterans Choice Program is currently experiencing some issues and is not being utilized as effectively as Congress had intended.
- The Office of Rural Health is actively engaged in funding innovative rural health care programs and has defined metrics for measuring its progress towards reaching VA's Rural Health Strategic Goals.

Part 4: Chillicothe VA Update

10:00 – 10:45 am

Wendy Hepker, Director of Chillicothe VA Medical Center

Presentation #2 - Chillicothe VA Medical Center - “Uniquely Rural”

- **Chillicothe VA History**
 - Continuous operation for 100 years.
 - Camp Sherman was put into place as a World War One training camp.
 - § A lot of the building on campus served as training sites and officer quarters.
 - In 1921, Congress set aside money to build 50 Veterans hospitals (Chillicothe being one of them).
 - At one point the hospital had a capacity for 1,800 patients.
- **Chillicothe VA today**
 - 303 authorized beds.
 - 27,000 total enrollees in fiscal year 2014.
 - § More than half of the enrollees receive care at six Community Based Outpatient Clinics (CBOC).
 - 1,401 total FTEE (87.5 provider FTEE, 346 nursing staff FTEE).
 - 28% of employees are Veterans.
- **Catchment Area**
 - Area covers 17 counties – 66,000 Veterans living in this area.
 - 27,000 enrollees results in a 41% market penetration rate.
 - Poverty is a significant factor in the Chillicothe Veteran population.
 - § Appalachia Ohio experiences significant educational challenges.
 - Obesity, adults with diabetes, respiratory disease and cancer rates are all high relative to neighboring areas.
 - The facility has dramatically decreased use of prescription drugs to combat detrimental drug usage.
- **Challenges**
 - Recruitment of providers to rural areas.
 - Access.
 - Infrastructure.
 - Community access - main challenge is that local community providers do not want to work with the Choice Program due to its current parameters of reimbursement rates and administrative burden.

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- **Access to Specialty Care**
 - VAMC is deepening programs that it does well and is increasing community partnerships.
 - § Community partnerships include VISN 10 VAMCs and local health care providers who have promised to get patients in within 30 days.
 - Need to make a shift towards a role as a facilitator of care, rather than the direct provider.
 - § Frequent issue is that coordination of care is not in sync.
 - § Chillicothe is making efforts to be a facilitator of care that will follow the patient through coordinated care efforts.
- **Solutions**
 - Increasing non-VA (purchased) care.
 - Increasing telehealth but the ideal is in-person health care.
 - Strategies and approaches:
 - § Investments in improving the Veteran experience, care and services, academic affiliations, nursing programs, and leadership development.
 - Homeless Veterans Programs
 - § 117 homeless Veterans assessed.
 - § U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing voucher.
 - § Residential treatment is improving through volunteer services.
 - Hepatitis-C program.
 - Alternatives to Pain Management program.
- **Medical Center Director Thoughts**
 - Where does a rural facility fit into the VHA continuum?
 - Future of emergency care for rural areas is an important topic of discussion.
 - Continued support/advocacy to build a workforce to meet rural needs of the future.

Membership Discussion/Q&A

- **Q:** What are the trends in Veteran suicide rates?
A: Suicide trends vary, with younger and older populations alike. The Chillicothe VA Medical Center is currently addressing the issue to determine solutions.
- **Q:** Are military facilities used for collaboration of care?
A: Some facilities in Dayton, Ohio, have just recently engaged in talks for care coordination.
- **Q:** Trends about number of folks who do not get access to care?
A: If people are eligible for care, no one is turned away; care is coordinated/purchased if not available.
 - Budget caps for psychiatry admissions were in place for a three-month time period, however this only affected about a dozen people.

- **Q:** Volunteers at the facility?
A: Yes, the volunteer program is robust.
- **Q:** Veteran Service Officers?
A: Yes. Meetings are held at County VSOs so that expectations about VA can be communicated.
- **Q:** Transportation program?
A: Yes, transportation program is fueled by VA, county, Disabled American Veterans money, etc.; a patchwork network is provided to get people access.
- **General Comment:** Case management staffing needs to be incorporated into the optimal model of care.
- **Q:** How is patient transfer handled?
A: Patient transfer center. Doing our best to build internal capacity and extend partnership opportunities.
- **Q:** Medical record in care coordination?
A: Working to create a “shared” record, but currently it’s done via faxing and scanning.

Highlights/Key Takeaways/Themes:

- **Rural VA medical centers deal with unique issues related to health care access and many are focused on implementing innovative solutions (e.g., telehealth technology) as workarounds.**
- **Emergency care options are a particularly important issue affecting rural Veterans and current policy needs to be addressed.**

Part 5: Committee Business Part I

11:00 – 11:45 am

Elmer Clark, ORH

Presentation #3 – VRHAC Use of MAX.gov for Online Collaboration

- **MAX.gov collaboration site**
 - MAX.gov will offer VRHAC compelling capabilities for enhanced collaboration.
§ “Far better than our usual work methods.”
 - Supports workgroups and information sharing.
 - MAX.gov support services are available after account creation.
 - Mr. Clark will work with VRHAC members to get everyone access.

Membership Discussion: Technology Use

- Following Mr. Clark’s presentation on MAX.gov, Ms. Oehler facilitated a group discussion regarding thoughts on technology use and gathered ideas about offering online resources for VRHAC members. Those ideas are:
 - VRHAC needs online documentation of recommendations and updates on the status of previous recommendations.
 - Historical information should be indexed, searchable and online so that new members can easily absorb information from previous recommendations.

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	<p>§ Documents should be date stamped.</p> <ul style="list-style-type: none"> ○ It would be advantageous to build in keywords to submitted materials, if possible. ○ The central database should contain best practices that ORH develops through its regional centers. ○ Need to document which policy matters have been elevated through discussion. ○ All information should be included in the MAX.gov site so that members can have the meeting materials prior to the meeting. <p>§ 10 working days prior to the meeting would be ideal.</p> <ul style="list-style-type: none"> ○ Orientation packet should be included in the website. ○ Flagging committee-only information vs. outreach information. <p>Highlights/Key Takeaways/Themes:</p> <ul style="list-style-type: none"> • Based on discussion from the fall 2014 meeting, VRHAC chose to adopt new technology to facilitate online collaboration and access to meeting materials for all members, to include no printed briefing book binders in 2016.
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6	<p>Part 6: VAMC Tour: Mobile Clinic and Telehealth Simulation, Chillicothe VAMC 1:00 – 3:00 pm</p> <p>VAMC Tour: Mobile Clinic and Telehealth Simulation</p> <ul style="list-style-type: none"> • During this part of the meeting the VRHAC membership split into two groups and toured the medical facility - specifically viewing a mobile clinic and a telehealth simulation (teleICU) based at the Chillicothe VAMC.
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7	<p>Part 7: Ohio Rural Veterans' Status and Needs 3:00 – 3:45 pm</p> <p>Timothy Gorrell, State of Ohio, Director of Veterans Services</p> <p>Presentation #4 - Ohio Department of Veterans Services</p> <ul style="list-style-type: none"> • Ohio Department of Veterans Services <ul style="list-style-type: none"> ○ Outreach to 877,000 Veterans for federal and state benefits. ○ Home to 877,000 Veterans. ○ Veterans Service Organizations (VSO) in all of Ohio's 88 counties. ○ Coordinate programs and operations with VA. • Ohio County Veterans Service Officers (CVSO) <ul style="list-style-type: none"> ○ Five members/five-year terms each. ○ Frontline offices for the Ohio Department of Veterans Services (ODVS). <p>§ Offers information on federal, state and county benefits to Ohio Veterans.</p> • ODVS Benefit Programs <ul style="list-style-type: none"> ○ Star Behavioral Health Program.
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- § Multi-agency partnership.
- § Military culture and deployment information training for non-VA, local behavior health providers.
- State Approving Authority.
- Ohio Veterans Bonus – program approved by voters to support Veterans.

Membership Discussion/Q&A:

- **Q:** Specific goal for the Bonus program?
A: No, it's a general helping hand. \$200 million in bonds were appropriated to fund this program.
- **Q:** Can officers be de-certified?
A: Yes.
- **Q:** What is the training model for County Veteran Service Officers?
A: Former service officers are available and national trainings are also offered.

Highlights/Key Takeaways/Themes:

- **The Ohio Department of Veterans Services is making great strides to empower Ohio Veterans by partnering with more than 88 CVSOs, rolling out targeted programs to educate providers and providing monetary benefits directly to unique populations of Veterans.**

Part 8: Feedback and Town Hall Preparation

3:45 – 4:15 pm

Emily Oehler, Meeting Facilitator

Group Feedback

- Following the final presentation, Ms. Oehler facilitated a group discussion so that VRHAC members could comment on Day One activities and reflect on the information presented throughout the day.
- **What did the group enjoy?**
 - The tours of the facility were a great addition to the meeting.
 - § The group enjoyed hearing about how much success the Chillicothe VA is having with its telehealth programs.
 - § Encouraging to hear that VA is making progress in taking the stigmatism out of mental health care.
 - All members noted the passion of the Medical Center Director and enjoyed the anecdotes presented.
 - § The 'alternative medicine' program was especially impressive to hear about. Members noted that it was interesting to see VA evolving at the field level.
 - § Group Consensus: beneficial to be out in the field.
 - Good to see collaboration across state and federal levels.

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- **What issues did the group notice?**
 - For future state visits, it is important to get the State Office of Veterans Services involved.
 - The issue of getting community providers to participate in the Veterans Choice Program is concerning.
 - Need to get providers in rural communities.
 - The issue of VHA-enrolled Veterans delaying going to the emergency room because of billing concerns and coordination with VA for billing is concerning and needs improvement.
- **Group suggestions?**
 - VRHAC 'talking points' should be developed so that members can have a standardized method of representing the committee in their respective communities.
 - The Choice Program needs a legislative fix – how do we get the message to the right person?
 - § Issues can be elevated in a recommendation form.
 - § Draft a formal message to the Undersecretary.
 - § Send the VRHAC minutes to the Undersecretary.
 - § Strategies for further investigation.
 - Put together a subgroup that could look at the specific issues facing the Choice Program.
 - Obtain an SME to educate VRHAC members on specific topics of interest.

Stacia Ruby, Chillicothe VA Public Affairs Officer (PAO)

Town Hall

- Prior to the Town Hall event, Ms. Ruby spoke to the committee regarding the purpose of the event, typical procedures that would be followed and the role that the committee would play during this particular event.
 - Town Hall events have been mandated nationwide via VA Central Office Policy.
 - Town Hall is an opportunity to share what's going on at the facility (e.g., choice card information, special programs) and hear back from stakeholders.
 - Attempt of the Town Hall is to identify best practices and innovation in rural health.
 - If media representatives approach VRHAC members, feel free to pull in VAMC PAO for support

Highlights/Key Takeaways/Themes:

- **The field-based demonstrations were a big success during Day One. As rural facilities face unique access challenges, they are often the first promoters of innovative health care programs and the Committee benefited from a first-hand viewing of these programs.**



Part 9: Joint VAMC/VRHAC Town Hall

6:00 – 8:00 pm

Wendy Hepker, Medical Center Director

- The Director opened the Town Hall activity by welcoming everyone and introducing several different groups to the Veterans in the audience.
- The Veterans Benefit Administration (VBA) had a representative present who gave the audience a quick run-down of VBA updates.
- Veterans Rural Health Advisory Committee was present.
- Two County Veterans Services Officers were present.

Thomas Moe, Ohio State Directors of Veterans Affairs Past Director

- Thomas Moe, a prisoner of war during the Vietnam War, spoke to the group and shared some personal thoughts about the current state of VA.

Rural Health Initiatives being taken by the Chillicothe VA Medical Center

- Representatives of the Chillicothe VA Medical Center briefly gave updates on advancements that the facility and VISN have been making in the areas of primary care, mental health, and alternative medicine.
- A new local advisory council is currently in development to incorporate Veterans, spouses and family members served by the Chillicothe VAMC.

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Veterans Opinions

- During the last section of the Town Hall meeting, Veterans were given a chance to share their own stories and opinions with the facility Director and the group at large.
 - Specific interest in joining the new VAMC advisory committee that would place Veteran's opinions as core discussion topics.
 - More communication needs to be made when doctors prescribe drugs about potential side effects.
 - More outreach needs to be done about the potential eligibility for claims for spouses.
 - Continuity of care across VAs is good – health records can be transferred from VA to VA easily.
 - While there were issues, care was good (e.g. OIF/OEF coordinators).

Highlights/Key Takeaways/Themes:

- **The Town Hall event was inspiring and educational on many levels. VRHAC members were unanimous in opinion that the event should be included in future field-based meetings.**



Meeting Summary

Veterans Rural Health Advisory Committee Meeting
Department of Veterans Affairs

Session Objectives:	<ul style="list-style-type: none"> • Communicate the current landscape of health care for rural Veterans • Describe specific VA modes of care delivery in Ohio • Develop the VRHAC membership succession plan approach • Determine the priorities for the VHRAC fall 2015 meeting
Date & Time:	Day 2 - Wednesday, April 22, 2015, from 8:00 am to 5:30 pm
Location:	17273 State Route 104; Building 1, Room 156 Host: Chillicothe VAMC Chillicothe, OH 45601
Attendees:	<p>VRHAC Members: Verdie Bowen, Caleb Cage, Janice Casillas, Gary Cooper, Syreeta Long, William “Buck” Richardson, Donald Samuels, Terry Schow, Debra American Horse-Wilson, Paul Moore (on behalf of Tom Morris), Seferino Silva</p> <p>Designated Federal Officer: Gina Capra (ORH)</p> <p>Other Attendees: Thomas Klobucar (ORH), Elmer Clark (ORH), Wakina Scott (HHS), Wendy Hepker (Chillicothe VAMC), Diane Garber-Caldwell (Chillicothe VAMC), David Chmielewski (VISN 10), Rebecca Schiller (VA Advisory Committee Management Office)</p>
Note Takers:	Emily Oehler, Ben Swanson

1	<p>Part 1: Chairman Welcome and Charge for Day 2 8:00 – 8:15 am</p> <p>Terry Schow, VRHAC Chairman Emily Oehler, Meeting Facilitator</p> <ul style="list-style-type: none"> • Mr. Schow and Ms. Oehler greeted the group and briefed everyone on the first activity of the day: a visit to Portsmouth, Ohio, where there group would be touring a VA CBOC that specializes in Home Based Primary Care (HBPC) and telemental health care delivery.
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2	<p>Part 2: Bus Activity 8:15 – 9:30 am</p> <ul style="list-style-type: none"> • Participants were given several questions that spurred discussions that would inform afternoon working sessions: <ul style="list-style-type: none"> ○ What stuck with you the most from Day One? ○ What did you learn at the Town Hall that was helpful or interesting? ○ What themes (e.g., concerns, benefits, opportunities) did you hear from Veterans/caregivers at the Town Hall? ○ What did you hear at the Town Hall about Veterans Choice Program (e.g., 40 mile/card)?
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- What have you heard about “MyVA”?
- What is one thing you would change about VA? One thing to keep?
- What does customer service look like for rural Veteran care?
- How can VA measure rural success?

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Part 3: Tour Portsmouth CBOC, Portsmouth, OH
 9:30 – 11:00 pm

Tina Meredith, CBOC Clinic Manager

- Staff provided a brief overview of the Home Based Primary Care program.
- VRHAC members viewed a demonstration of a telemental health demonstration. A Veteran patient offered his experience to the VRHAC and credited the program for saving his life and stated he called every Solider he worked with to enroll and get care. “I’m a different person for my children now.”

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Part 4: Committee Business Part II
 1:30 – 2:45 pm

Gina Capra, ORH Director

- After the group returned from the Portsmouth CBOC visit, Ms. Capra gave an update on the agenda for the rest of the day and invited Col. Silva to update the group on relevant Department of Defense (DoD) events.

Colonel Seferino Silva, Reserve Advisor to Air Force, Surgeon General

Presentation #5 – DoD Update

- **Separation History Physical Exam**
 - Mandatory health record that provides VA with the Veteran’s baseline health status upon separation from the military.
 - Proactive approach to claims management/adjudication.
- **Annual Mental Health Assessments**
 - Annual mental health assessments will be incorporated into annual physical health assessments.
 - § Goal is to mitigate suicide risk.
- **VA Disability – ARC Members and Dual Compensation Issue**
 - Reserve/Guard members are required to forfeit either VA compensation or active duty pay during periods of active duty.
 - § Members are currently not complying with this policy, resulting in dual compensation.
- **Other Issues**
 - Mandatory Transition Assistance Program (TAP) – all separating active duty members must go through TAP.



Gina Capra, ORH Director

Fiscal Year 2014 Recommendation Review

- The Federal Advisory Committee has officially received the fiscal year 2014 VRHAC recommendations, which have been filed with the Library of Congress and are also available on the internet.
- ORH will begin putting together an action plan based on these recommendations.

Recommendation #1: That within both rural and highly rural geographic areas, VA should identify all local and regional health care organizations (e.g., Ambulatory Care Centers, Physician practice groups, Ambulatory Care Agencies) that have achieved select national accreditation status and consistently demonstrated favorable patient outcome metrics. Once identified, VA should actively pursue partnership arrangements with these entities rather than passively waiting for them to respond to contracting requests. VA should offer these select health care entities the opportunity to expedite a collaborative partnership and assign a VA rural outreach health care coordinator to help navigate this process.

- **Recommendation #1 Update**
 - ORH is working with twenty state primary care associations to host webinars and help Federally Qualified Health Centers (FQHC) understand what the Choice Program is and how they can be involved.
 - There are 1200 FQHCs across the United States and VA is focused on trying to get them involved.
 - **Challenge:** Deeming the effectiveness of current outreach efforts to the FQHCs, as current reporting efforts do not always contain the relevant data for this sort of analysis. Reporting by the Third Party Administrators is submitted to the VHA Contracting Officer and is currently focused on specific business requirements.
 - VHA has required medical centers employ a “Choice Champion.”
 - A facility’s designated Choice Champion makes sure that policy decisions made by the VA Chief Business Office (CBO) are implemented on the facility level.
 - The Choice Champion also facilitates training with appointment schedulers and addresses questions from Veterans regarding the program.

David Chmielewski, VISN 10 Rural Consultant (VRC)

- A majority of patients face the issue of being unable to access specific services at facilities within their reach.
- Veterans are more willing to wait for an opening at a VA hospital vs. traveling long distances for a more timely appointment with non-VA care.
- Mobile clinics may rise as a major innovation in rural health care in the coming years.



Membership Comments/Q&A

- Moving the point of care to the patient is important.
- **Q:** What is the contact level with ORH?
- **A:** Monthly meetings are held to discuss points of common interest and proposals.
 - VISNs collaborate (regionally) on issues to be elevated to ORH.
- Rural hospitals hold power when making deals with local VAs.

Recommendation #2: The Committee recommends the Secretary remove onerous health information technology (IT) requirements for contracts with rural providers that result in having to maintain duplicative electronic health records (EHR) and allow for the use of Blue Button as an alternative.

- **Recommendation #2 Update**
 - Rural Health Community Coordinators help Veterans register with myHealtheVet, which enables them to use the Blue Button function.
 - § Contracted personnel funded by ORH.
 - § These coordinators are currently utilized at approximately 30 of 54 rural VA medical centers.
 - Multiple health information exchanges across the U.S., which is an issue because VA has to engage in multiple relationships to make the connections work.
 - There is progress in VA at the state level that could serve as a model for health information exchange progress on a federal level.

Recommendation #3: The Committee recommends establishing locally-tailored solutions to increase collaboration and service delivery at the community level by way of the specifically recommended model of Local Veterans Services Councils through the direct engagement of the Secretary and staff with government advocacy bodies (i.e., the National Association of Counties, the National League of Cities and Municipalities, National Congress of American Indians).

- **Recommendation #3 Update**
 - This recommendation is aligned with the MyVA effort led by the Department and Secretary of Veterans Affairs.
 - § Local advisory councils are being rolled out in pilot areas.
 - § Still in the process of determining what the role of the council is and where the rollout areas are going to be.

Highlights/Key Takeaways/Themes:

- **Fiscal year 2014 VRHAC recommendations have been forwarded to the Secretary and ORH is currently working on an action plan to address these recommendations.**
 - **Current ORH efforts to address these recommendations include outreach webinars targeted at FQHCs, funding for Rural Health Community Coordinators and the implementation of local Veteran Advisory Councils.**
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Part 5: Committee Business Part III

2:45 – 4:45 pm

Emily Oehler, Meeting Facilitator

Veterans Choice Program Issues

- Ms. Oehler led VRHAC members in a discussion regarding current issues with the Veterans Choice Program.
- **Membership Comments:**
 - VRHAC has an obligation to report the lack of effectiveness of Veterans Choice Act based on their experience to date.
 - Letter from the VRHAC Chairman to the Secretary would be appropriate.
 - Membership will work to come up with specific examples to include in the letter (i.e. anecdotal evidence and perhaps suggestions for what the Undersecretary could do about it).
 - § What are the themes and what are some supporting facts?
- **Membership Actions:**
 - The committee unanimously voted to submit a formal letter of concern to the Secretary of the VA.

Issues Letter - Discussion

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- In addition to specific Members offering their experience with the Veterans Choice Program, two major perspectives were noted:
 - Providers seem unwilling to effectively cooperate with the program due to its administrative burden and reimbursement parameters.
 - Veterans may not want to go to another provider and/or do not perceive having “real” choice in the matter.

Veteran Choice Program Themes (By next Friday, May 1st to Committee for review; leads – Mr. Cage, Ms. Casillas, Ms. Wilson)

- Community provider capacity and understanding
- Veteran utilization and customer service.
- Sites of care (40 miles issue).
 - § Veterans don’t qualify for program if they’re less than 40 miles driving distance from a VA medical center. This policy needs to change so that the Program takes into account the distance to a facility that offers the required and needed services not simply a site of care.

Highlights/Key Takeaways/Themes:

- **VRHAC members took action to put together a formal letter addressing concerns over the Choice Act Program, to be sent to the Secretary in addition to the recommendations the Committee traditionally makes.**



Part 6: Fiscal Year 2016 Planning

3:45 – 4:15 pm

Emily Oehler, Meeting Facilitator

- After leading a discussion regarding the Choice Act Program, Ms. Oehler began a group discussion regarding committee thoughts on fiscal year 2016 planning.

A year from now, how will the committee affect change?

- U.S. Department of Health and Human Services policy group has an issues based approach vs. the VRHAC recommendations based model.
 - One member admired the issues based model, but thought that the model would create a burden on members as it would be a more time consuming process.
 - This is the first time the committee has agreed on a formal letter; would like to see more results before the model is changed.
- Good to see the status of past recommendations.
- Need to minimize recommendations/issues; leadership can only focus on so much.
 - If we see something, it needs to be reported.
 - Recommendations maximum should be three.
 - A paragraph should be included before the recommendations that provide a summary and or/update on previous recommendations.
- Potential to add on specific examples and best practices to the recommendations as an addendum.
- Small group work is a good platform for putting together recommendations.

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Areas of Interest that VRHAC Members want to talk about in fiscal year 2016?

- Address the three recommendations regarding the Choice Act.
- Personnel issues and continuity of care at medical centers.
- Extended hours and weekend hours (a model that's prevalent in the private sector).
- Prior recommendations – what are the statuses and do we want to revisit issues that we've already discussed?
- Access.
- Telehealth – issues with internet access and potential issues with rolling out innovative technologies as a model of care.
 - IT issues inhibit the adoption of technology.
 - Should be passing on the cost savings of telehealth solutions to the Veteran so that they don't have any obstacles in accessing innovative health care.
 - Proposal of a grant program to support telehealth initiatives.

Ideas for future field locations?

- Very influential and informative to get out into the field.
- Indian Health Service (IHS) locations would be interesting, for example:



- Sioux Falls, South Dakota.
- Oregon, Washington, Oklahoma.
- Coeur D'alene, Idaho.

What do we want to do at these locations?

- Mobile health care.
- Unique programs.
- Centers of excellence.
- Programs that incorporate different levels of government (e.g., state and federal partnerships).

Highlights/Key Takeaways/Themes:

- **In discussing fiscal year 2016 plans, members noted several topics that they would like to learn more about (e.g. telehealth, IT infrastructure) and made suggestions regarding future locations for field-based meetings (an emphasis was placed on locations where VRHAC could view IHS activities).**

Part 7: VA Advisory Committee Management Office Updates

4:15 – 4:30 pm

Rebecca Schiller, Federal Advisory Committee Management Office

Presentation #6

- **Federal Advisory Committee Act (FACA)**
 - Promotes openness and transparency with these committees.
 - All groups established a federal employee to make recommendations or advice to a federal agency.
 - If any aspect of the meeting is non-compliant, then the actions of the committee will be disregarded.
- **Requirements:**
 - Designated Federal Officer needs to be present during meeting.
 - Agenda must be made public prior to the meeting.
 - Balanced membership (gender, location, strong diversity).
 - Records must be available for public inspection.
 - “Understand your role as a committee member”
 - § Ex-officio members represents their agency; not their personal opinions.
 - If members testify to Congress, they must represent their personal opinions and not those of the committee.
 - Think about collaboration with other committees or agencies.
 - Plan to replace yourself.
 - Members may not serve on more than one committee at a time.
 - Members may serve two terms and then expect to be replaced so that new perspectives and opinions can participate in VA Committees

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Highlights/Key Takeaways/Themes:

- Ms. Schiller’s presentation informed the group about the Federal Advisory Committee Management Office and touched on several federal regulations that VRHAC is subject to.

Part 8: Recommendations for Succession plan

4:30 – 4:45 pm

Emily Oehler, Meeting Facilitator

Committee Profile – who do we need?

- Veterans.
- Area subject matter experts.
- Someone that has rural health experience.
- Limit on members with non-rural experience.
- Make second term appointments become a one-year term in order to stagger the turnaround of membership.

Knowledge Transfer – what efforts do we need to successfully transition information to future committee members?

- MAX.gov (electronic filing cabinet).
- Official expectations need to be laid out for onboarding VRHAC members.
 - New membership conference call would include all onboarding members, the Designated Federal Officer and the Chairman.
 - Membership orientation tool could be created to showcase past recommendations and reports.

How do we cultivate leadership within the committee?

- Support the development of subcommittees with chairs.
 - Consideration of commitment should be expressed during orientation.
- Consider instituting a Vice Chairman position.

Highlights/Key Takeaways/Themes:

- Membership discussed many aspects of the VRHAC succession plan, including the ideal committee profile, the development of infrastructure to transfer knowledge to new members and the development of more leadership roles within the Committee.

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Part 9: Communications Presentation

4:45 – 5:00 pm

Emily Oehler, Meeting Facilitator

- Many different communications efforts currently underway at ORH:
 - ORH online brand assessment.

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- Communications plan to support 2015-2019 VA Rural Health Strategic Plan.
- Video that ORH produced was used by the Under Secretary for Health, and disseminated by the Under Secretary for Health.
- Overhauling the entire ORH website:
 - § Interviews with key stakeholders.
 - § Incorporating best practices in search engine optimization.
 - § Plan to have the final version of the website ready for Veterans Day 2015.
- Examples of outreach products include ORH fact sheets and the annual report.

Highlights/Key Takeaways/Themes:

- **Ms. Oehler touched on many important communications/outreach products being developed by ORH - most notably the ORH website which will launch in fall 2015 and then be regularly updated based on stakeholder feedback and new content from the ORH team.**

Part 10: Wrap Up and Next Steps

5:00 pm

Due Outs/Action Items

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- Ms. Capra and others acknowledged the service of Chairman Schow and his leadership of the Committee.
- Ms. Capra and Mr. Schow closed the meeting by reviewing action items and thanking the group. The actions items discussed are as follows:
 - Distribute a VA medical center map to VRHAC members.
 - Distribute detailed notes to the group and public.
 - Distribute document of past VRHAC recommendations and status.
 - Develop talking points that VRHAC members can utilize when they are representing VRHAC in their local communities.